

3HS1808

T.D.C.J. - INSTITUTIONAL DIVISION

DATE: 07/01/12

AGE NO: 01

HEALTH SUMMARY FOR CLASSIFICATION SYSTEM

TIME: 09:39:33

## SUMMARY OF TRANSACTIONS

INMATE NAME: CADDELL, BRADLEY J

TDCJ-ID #: 01697940

DATE	RESTRICTION	AUTHORITY
5-21-2012	LOWER ONLY MEDICALLY UNASSIGNED SEDENTARY WORK ONLY NO LIFTING > 025 POUNDS NO SQUATTING NO CLIMBING LIMITED SITTING NO FOOD SERVICE WORK NO WALKING ON WET UNEVEN SURFACES	BECKSTROM
1-25-2012	LOWER ONLY SEDENTARY WORK ONLY NO LIFTING > 025 POUNDS	BECKSTROM

F1 -HELP PF3 -RETURN TO INQUIRY PF7 -UP PF8 -DOWN PF10 -PRINT  
ENTER NEXT REQUEST/OR TDCNO \_\_\_\_\_ OR SIDNO \_\_\_\_\_

## HISTORY INQUIRY

TIME 09:38:04

NAME CADDELL, BRADLEY J

TDC NUMBER 01697940 UTMB NUMBER

		BLOOD		P U L H E S						
DATE	WEIGHT	DATE	PRESSURE	DATE	DCM	DCM	DCM	DCM	DCM	DCM
030812	276	030812	132/075	030812	3MP	1A	1A	1A	2BP	1A
050211	262	050211	116/070	050211	3MP	1A	1A	1A	2BP	1A
032211	280	032211	109/071	032211	3EP	1A	1A	1A	2BP	1A
				032211	3EP	1A	1A	1A	2BP	1A
				032111	1A	1A	1A	1A	1A	1A

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PRESS ENTER TO RETURN THE PROFILE OR ENTER 'P' TO PRINT THIS DISPLAY

**GENERAL INCIDENTS NOT LISTED**EAC Incident No. 1-09196-07-12Date/time of incident 6-30-2012Specific location of incident A-4 dormType of incident that occurred Offender Illness (Heat)**Offender(s) Information**

Name	TDCJ#	Race	Sex	Age	Custody
Caddell, Bradley	1697940	W	M	51	G1

Injuries? Yes ☐ No ☐ If yes, explain \_\_\_\_\_**Employee(s) Information**

Name	SSN	Race	Sex	Age	Rank
N/A					

Injuries? Yes ☒ No ☐ If yes, explain HIGH TEMPERATURE**Describe incident**

Offender Caddell was complaining of dizziness and a temperature. Medical staff monitored him  
 And determined that he needed further medical attention. Parkland Hospital determined that  
 The offender was dehydrated and gave him IV fluids.

Lieutenant Kevin Brown

Name of Person Reporting Incident

Ms. Theresa Alford

Name of Person Notified at EAC



T.D.C.J. - INSTITUTIONAL DIVISION

PAGE 1

ADMINISTRATIVE LAYINS BY HOUSE FOR 06/18/2012

06/18/2012

2,018

13:59:44

HUTCHINS

#	NAME	TYP	HOUSING	JOB ASSIGNMENT	TIME	AUTHORITY
HEAT						
031	HOWARD, RONALD DEWA	A	A1-014T	JANITOR A1 BLDG DORM 2ND	23:00-23:15	ESCOBEDO
498	ANDERSON, REGINALD	A	A1-015B	ID UTILITY SQUAD 01	23:00-23:15	ESCOBEDO
018	VAZQUEZ, PEDRO EDUA	A	A1-017B	ID UTILITY SQUAD 01	23:00-23:15	ESCOBEDO
056	JOHNSON, SCOTT ALLE	A	A1-019B	ID I/S MEDICAL SQ 02	23:00-23:15	ESCOBEDO
065	GEORGE, RODRICK	A	A1-020T	JANITOR A1 BLDG DORM 2ND	23:00-23:15	ESCOBEDO
023	DEMERS, ADAM LEE	A	A1-021B	JANITOR K1 HALL 1ST	23:00-23:15	ESCOBEDO
395	PATTON, PATRICK LYN	A	A2-003B	ID I/S MEDICAL SQ 02	23:00-23:15	ESCOBEDO
183	BAKER, RICHARD DEAN	A	A2-033B	STOCK CLERK SUPPLY	23:00-23:15	ESCOBEDO
308	BLANE, LOUIS GENE J	A	A2-034T	JANITOR TF SHOWER SQ 1ST	23:00-23:15	ESCOBEDO
026	GAMBLE, ANTHONY PAU	A	A2-036T	JANITOR A1 BLDG DORM 1ST	23:00-23:15	ESCOBEDO
010	MORRIS, LEE BALDWIN	A	A2-037B	ID UTILITY SQUAD 01	23:00-23:15	ESCOBEDO
082	ZOOK, GREGORY JAMES	A	A2-038T	PAINTER SQUAD	23:00-23:15	ESCOBEDO
074	ADAMS, GERALD	A	A2-041B	ID UTILITY SQUAD 01	23:00-23:15	ESCOBEDO
061	STEPHENS, STANLEY R	A	A2-043B	FULL TIME STUDENT	23:00-23:15	ESCOBEDO
010	AUTRY, CECIL NAKIA	A	A2-044T	ID UTILITY SQUAD 01	23:00-23:15	ESCOBEDO
072	PATE, JOHN DIMECA	A	A2-045B	ID I/S MEDICAL SQ 02	23:00-23:15	ESCOBEDO
076	TORRES, ABELARDO	A	A2-046T	JANITOR A1 BLDG DORM 3RD	23:00-23:15	ESCOBEDO
089	MORGAN, LEON KENNY	A	A2-047B	ID UTILITY MEDICAL I/S SQ	23:00-23:15	ESCOBEDO
048	MOONEY, STEVEN	A	A3-005B	FULL TIME STUDENT	23:00-23:15	ESCOBEDO
023	ROY, LONNIE	A	A3-015B	ID UTILITY MEDICAL I/S SQ	23:00-23:15	ESCOBEDO
068	TOWNSEND, TYLER EDW	A	A3-017B	JANITOR EDUCATION 2ND	23:00-23:15	ESCOBEDO
020	RICHARDSON, DARRYL	A	A3-018T	JANITOR A1 BLDG DORM 3RD	23:00-23:15	ESCOBEDO
053	HORTON, CHRISTOPHER	A	A3-019B	ID I/S MEDICAL SQ 02	23:00-23:15	ESCOBEDO
025	DODD, CHRISTOPHER J	A	A3-020T	GENERAL CLERK LIBRARY 1ST	23:00-23:15	ESCOBEDO
060	WINDHAM, HARVEY GEN	A	A3-021B	ID I/S MEDICAL SQ 02	23:00-23:15	ESCOBEDO
040	CHAMPION, JACOB	A	A3-022T	FULL TIME STUDENT	23:00-23:15	ESCOBEDO
013	WAGONER, TOM JR	A	A3-023B	UTILITY SQUAD 02	23:00-23:15	ESCOBEDO
005	WINTTERS, CHARLES E	A	A3-025B	UNASGN MEDICAL	23:00-23:15	ESCOBEDO
087	ESTES, JESSE RICHAR	A	A3-026T	ID I/S MEDICAL SQ 02	23:00-23:15	ESCOBEDO
099	MCCABRIDE, JAMES HOLL	A	A3-027B	JANITOR A1 BLDG DORM 3RD	23:00-23:15	ESCOBEDO
019	SWINNEY, TERRY JOE	A	A3-029B	STOCK CLERK LAUNDRY 1ST	23:00-23:15	ESCOBEDO
059	BISHOP, STEPHEN MAR	A	A3-033B	ID UTILITY SQUAD 01	23:00-23:15	ESCOBEDO
026	WRIGHT, CAMERON MON	A	A4-015B	JANITOR A1 BLDG DORM 2ND	23:00-23:15	ESCOBEDO
010	BATTLES, MICHAEL LA	A	A4-034T	JANITOR A1 BLDG DORM 2ND	23:00-23:15	ESCOBEDO
047	GLAPION, JOHN JOSEP	A	A4-035B	ID I/S MEDICAL SQ 02	23:00-23:15	ESCOBEDO
034	ROBERTS, JONATHAN A	A	A4-036T	JANITOR A1 BLDG DORM 1ST	23:00-23:15	ESCOBEDO
040	CADDELL, BRADLEY J	A	A4-037B	UNASGN MEDICAL	23:00-23:15	ESCOBEDO
051	JOHNSON, CARNEASE L	A	A4-038T	FULL TIME STUDENT	23:00-23:15	ESCOBEDO
030	LANE, WALTER LEWIS	A	A4-039B	ID UTILITY SQUAD 01	23:00-23:15	ESCOBEDO
048	WATTS, BRANDON MICH	A	A4-040T	JANITOR A1 BLDG DORM 3RD	23:00-23:15	ESCOBEDO
026	SHANNON, GEORGE THU	A	A4-041B	ID UTILITY SQUAD 01	23:00-23:15	ESCOBEDO
013	MARTIN, DARRIN KEIT	A	A4-043B	JANITOR A1 BLDG DORM 2ND	23:00-23:15	ESCOBEDO
077	RHODES, JOHN	A	A4-045B	FULL TIME STUDENT	23:00-23:15	ESCOBEDO
066	HUFF, TRICO SHUMARK	A	A4-046T	JANITOR A1 BLDG DORM 3RD	23:00-23:15	ESCOBEDO
006	THOMAS, ROBERT WESL	A	A4-047B	ID UTILITY SQUAD 01	23:00-23:15	ESCOBEDO
051	HAMMER, RYAN DOUGLA	A	A4-048T	JANITOR A1 BLDG DORM 2ND	23:00-23:15	ESCOBEDO

Placed in House 101533042

Alle House  
A419  
Offender  
Caddell  
#169794-D

3IUUCR15/CSUC15 TDC UNIT CLASSIFICATION REVIEW CURRENT LOG 02/30/12  
 JMTICIS/KBR0818 HOUSING/JOB ASSIGNMENT HISTORY AND TIME: 20:50:09  
 137/UC15 INMATE NAME: CADDELL, BRADLEY J TDCNO: 01697940

HOUSING	UNIT	INM/HSG	CUST	AUTH	DATE	JOB	ASSIGNMENT	AUTH
HOUSING COMMENT					JOB COMMENT			

06/28/12	HJ	A4	019 B G1	G2 PE	06/12/12	UNASGN MEDICAL	MED
06/11/12					06/11/12	UNASGN MEDICAL	MED
09/12/11	HJ	UNASGN	G1	G2	09/12/11	BOILER OPR 2ND	WJP
08/15/11	HJ	A4	037 B G1	G2 TJ	08/15/11	JANITOR F BLDG DORM 2ND	PM
06/22/11	HJ	A1	016 T G1	GB PE	06/22/11	JANITOR C1 BLDG DORM 2ND	PM
04/06/11	HJ	A1	013 B G1	GB PE	04/06/11	JANITOR A1 BLDG DORM 2ND	UCC
04/04/11					04/04/11	JANITOR DORM A 2ND	UCC
03/31/11	HJ	UNASGN	G1	GB	03/31/11	JANITOR DORM B 2ND	UCC
03/17/11	HJ	A1	013 B G1	GB PE	03/17/11	TRANSIENT PEND DIAG PROC	CTR
03/16/12	HJ	A1	033 B G1	GB UCC			
01/15/11	HJ	F3	011 B G2	G2 PM			

MORE HOUSING/JOB AVAILABLE

ENTER THE NEXT TRANS CODE 02 AND/OR TDCNO \_\_\_\_\_  
 1-HELP PF3-PREV PF4-CURR AND/OR SIDNO \_\_\_\_\_



# TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## Temperature Log

Unit: H.T.

6.29.12

Date:	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
6:30 a.m.	75	60%	75	Burrell, La.
7:30 a.m.	78.5	59%	75	Burrell, La.
8:30 a.m.	83.7	59%	90	Burrell, La. <sup>Storie</sup>
9:30 a.m.	88	57%	93	Burrell, La.
10:30 a.m.	91.4	56%	96	Burrell, La.
11:30 a.m.	94.5	55%	96	Burrell, La.
12:30 p.m.	97.7	51%	107	Burrell, La.
1:30 a.m.	101.2	50%	110	Burrell, La. <sup>H&amp;S</sup>
2:30 p.m.	102.4	50%	120	WHITEHEAD, S.
3:30 p.m.	101.7	48%	110	WHITEHEAD, S.
4:30 p.m.	101.5	42%	110	WHITEHEAD, S.
5:30 p.m.	101.7	40%	110	WHITEHEAD, S.
6:30 p.m.	101.7	36%	104	WHITEHEAD, S.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
Temperature Log

Unit: Hutchins

4-30-12

Date:	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
6:30 a.m.	75.8	62%	76	Burrell, La
7:30 a.m.	78.5	60%	76	Burrell, La
8:30 a.m.	80.1	58%	81	Burrell, La.
9:30 a.m.	87.5	57%	88	Burrell, La.
10:30 a.m.	89.3	56%	88	Burrell, La.
11:30 a.m.	95.2	54%	101	Burrell, La.
12:30 p.m.	98.8	50%	101	Burrell, La.
1:30 a.m.	97.4	50%	101	Burrell, La.
2:30 p.m.	99.7	50%	107	WHITEHEAD, S.
3:30 p.m.	103.5	47%	110	WHITEHEAD, S.
4:30 p.m.	100.6	47%	110	WHITEHEAD, S.
5:30 p.m.	98.8	43%	101	WHITEHEAD, S.
6:30 p.m.	102.8	42%	110	WHITEHEAD, S.



# Emergency Services After Visit Summary

Parkland Health & Hospital System 5201 Harry Hines Blvd  
Dallas, Texas 75235 214-590-8000

**Caddell, Bradley #4569916(HAR: 610935700) (CSN: 332957737) (51 year old**  
**M) EDMAIN-WEST B-WSTB (Adm: 6/30/12) Emergency**

Allergies as of 6/30/2012

Date Reviewed: 6/30/2012

No Known Allergies

## Chief Complaint

Headache [52]

## Diagnoses

Dehydration

Heat stroke and sunstroke

## ED Diagnosis

Dehydration

Heat stroke and sunstroke

## ED Disposition

Discharge

## Current Prescriptions

None

## Medication List

Notice

You have not been prescribed any medications.

## Immunization History as of 6/30/2012

Never Reviewed

No immunizations on file.

## Follow-up Information

Follow up With  
JAIL HEALTH

Details

Comments  
If symptoms worsen

Contact Info  
600 Commerce Blvd.  
Suite 760  
Dallas Texas 75202-  
4612  
214-712-3032

## PCP and Location

PCP

Location  
EMERGENCY SERVICES[2501]

## Discharge Instructions

# Dehydration

Dehydration is the reduction of water and fluid from the body to a level below that required for proper functioning.

## CAUSES

Dehydration occurs when there is excessive fluid loss from the body or when loss of normal fluids is not adequately replaced.

➤ Loss of fluids occurs in vomiting, diarrhea, excessive sweating, excessive urine output, or



excessive loss of fluid from the lungs (as occurs in fever or in patients on a ventilator).

➤ Inadequate fluid replacement occurs with nausea or decreased appetite due to illness, sore throat, or mouth pain.

## SYMPTOMS

### Mild dehydration

- Thirst (infants and young children may not be able to tell you they are thirsty).
- Dry lips.
- Slightly dry mouth membranes.

### Moderate dehydration

- Very dry mouth membranes.
- Sunken eyes.
- Sunken soft spot (*fontanelle*) on infant's head.
- Skin does not bounce back quickly when lightly pinched and released.
- Decreased urine production.
- Decreased tear production.

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### Severe dehydration

- Rapid, weak pulse (more than 100 beats per minute at rest).
- Cold hands and feet.
- Loss of ability to sweat in spite of heat and temperature.
- Rapid breathing.
- Blue lips.
- Confusion, lethargy, difficult to arouse.
- Minimal urine production.
- No tears.

## DIAGNOSIS

Your caregiver will diagnose dehydration based on your symptoms and your exam. Blood and urine tests will help confirm the diagnosis. The diagnostic evaluation should also identify the cause of dehydration.

## PREVENTION

The body depends on a proper balance of fluid and salts (*electrolytes*) for normal function. Adequate fluid intake in the presence of illness or other stresses (such as extreme exercise) is important.

## TREATMENT

- **Mild dehydration** is safe to self-treat for most ages as long as it does not worsen. Contact your caregiver for even mild dehydration in infants and the elderly.
- In teenagers and adults with **moderate dehydration**, careful home treatment (as outlined below) can be safe. Phone contact with a caregiver is advised. Children under 10 years of age with moderate dehydration should see a caregiver.
- If you or your child is **severely dehydrated**, go to a hospital for treatment. Intravenous (IV) fluids will quickly reverse dehydration and are often lifesaving in young children, infants, and elderly persons.

## HOME CARE INSTRUCTIONS

Small amounts of fluids should be taken frequently. Large amounts at one time may not be tolerated. Plain water may be harmful in infants and the elderly. Oral rehydration solutions (ORS) are available at pharmacies and grocery stores. ORS replaces water and important electrolytes in proper

proportions. Sports drinks are not as effective as ORS and may be harmful because the sugar can make diarrhea worse.

- As a general guideline for children, replace any new fluid losses from diarrhea and/or vomiting with ORS as follows:
  - If your child **weighs 22 pounds or under** (10 kg or less), give 60-120 mL (1/4-1/2 cup or 2-4 ounces) of ORS for each diarrheal stool or vomiting episode.
  - If your child **weighs more than 22 pounds** (more than 10 kg), give 120-240 mL (1/2-1 cup or 4-8 ounces) of ORS for each diarrheal stool or vomiting episode.
- If your child is vomiting, it may be helpful to give the above ORS replacement in 5 mL (1 teaspoon) amounts every 5 minutes and increase as tolerated.
- While correcting for dehydration, children should eat normally. However, foods high in sugar should be avoided because they may worsen diarrhea. Large amounts of carbonated soft drinks, juice, gelatin desserts, and other highly sugared drinks should be avoided.
- After correction of dehydration, other liquids that are appealing to the child may be added. Children should drink small amounts of fluids frequently and fluids should be increased as tolerated. Children should drink enough fluids to keep urine clear or pale yellow.
- Adults should eat normally while drinking more fluids than usual. Drink small amounts of fluids frequently and increase the amount as tolerated. Drink enough fluids to keep urine clear or pale yellow. Broths, weak decaffeinated tea, lemon-lime soft drinks (allowed to go flat), and ORS replace fluids and electrolytes.

#### Avoid:

- Carbonated drinks.
- Juice.
- Extremely hot or cold fluids.
- Caffeine drinks.
- Fatty, greasy foods.
- Alcohol.
- Tobacco.
- Too much intake of anything at one time.
- Gelatin desserts.
- Probiotics are active cultures of beneficial bacteria. They may lessen the amount and number of diarrheal stools in adults. Probiotics can be found in yogurt with active cultures and in supplements.
- **Wash your hands well to avoid spreading germs (*bacteria*) and viruses.**
- Antidiarrheal medicines are not recommended for infants and children.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver. **Do not give aspirin to children.**
- For adults with dehydration, ask your caregiver if you should continue all prescribed and over-the-counter medicines.
- If your caregiver has given you a follow-up appointment, it is very important to keep that appointment. Not keeping the appointment could result in a lasting (*chronic*) or permanent injury and disability. If there is any problem keeping the appointment, you must call to reschedule.

#### SEEK IMMEDIATE MEDICAL CARE IF:

- You are unable to keep fluids down or other symptoms become worse despite treatment.
- Vomiting or diarrhea develops and becomes persistent.
- There is vomiting of blood or green matter (*bile*).
- There is blood in the stool or the stools are black and tarry.
- There is no urine output in 6 to 8 hours or there is only a small amount of very dark urine.
- Abdominal pain develops, increases, or localizes.
- You or your child has an oral temperature above 102° F (38.9° C), not controlled by medicine.
- Your baby is older than 3 months with a rectal temperature of 102.0°F (38.9° C) or higher.
- **Your baby is 3 months old or younger with a rectal temperature of 100.4° F (38° C) or**



**higher.**

- You develop excessive weakness, dizziness, fainting, or extreme thirst.
- You develop a rash, stiff neck, severe headache, or you become irritable, sleepy, or difficult to awaken.

**MAKE SURE YOU:**

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Document Released: 12/18/2006 Document Re-Released: 03/14/2011  
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**Financial Classification Instructions**

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You may be eligible for benefits to pay all or part of your hospital bills through one or more of the various federal, state and county programs.

To find out if you qualify, you'll need to meet with a financial counselor at one of the various financial counseling services located at the hospital or at one of Parkland's community health centers.

You will need to bring:

1. Birth Certificate for minor children( children under 18)
2. Statement from your physician if you are disabled (on their letter head) or obtain one of Parklands Medical Statements.
3. If employed, bring your most recent pay stubs.
  - If full-time, 2 payroll stubs (if paid weekly, bi-weekly, or monthly).
  - If employed part-time, you will need 4 pay stubs.
  - If you don't have pay stubs, you will need to obtain an employment verification form.
4. If unemployed, you will need to go to Texas Workforce Commission (TWC) and bring in statement that you are not currently employed.
5. If self employed bring in your most recent 1040 tax return.
6. Any other proof of income (for example, pension, child support for current year).
7. If married, you must have copy of both spouses identification.
8. Proof of Dallas County residency. This may include the current rent receipts, current lease agreement, utility bills, or referral letter from state or local agencies (on agency letterhead).
9. Your assets such as current bank statement, car title or insurance card, or property tax statement.
10. Your debts and liabilities (for example, car loan agreement, unpaid medical bills, or



Dallas, Texas

## CONSENT TO MEDICAL TREATMENT

MRN: 4569916  
 Caddell, Bradley  
 EDMAIN  
 HAR: 610935700  
 CSN: 332957737

DOB: [REDACTED]  
 Adm: 6/30/2012  
 WH/M



CON130

## Consent for Medical Treatment and Photography

I do hereby voluntarily consent to and authorize Parkland to provide care encompassing all diagnostic and therapeutic treatments, including HIV testing, considered necessary or advisable in the judgment of the attending physician or his/her designee. By signing this form, I do not waive my right to refuse recommended tests or treatments.

I understand that Parkland functions in part as a teaching institution and I hereby acknowledge and consent to the use of myself and related records, laboratory work and specimens and diagnostic results from time to time for instructional purposes or machine testing at the sole discretion of Parkland.

I understand that photographs, videotapes, digital and other images may be recorded to document my care, and I consent to this. I understand that these images will be stored in a secure manner that will protect my privacy and that they will be kept for the time period required by law or outlined in Parkland procedures. Images that identify me will be released or used outside Parkland only upon written authorization from me or my legal representative.

## Acknowledgement of Use and Disclosure of Protected Health Information

## I understand:

- Parkland personnel and my physician create and maintain a record of the care and services provided to me.
- Information relating to my treatment, payment or health care operations may be used or disclosed in the management and delivery of care and services provided by Parkland.
- I have received a copy of Parkland's Notice of Privacy Practices that describes how my protected health information may be used or disclosed.
- I have received, read and understand the Patient Bill of Rights located on the back of this form.

## Notice of Exchange of Medical Record

Parkland participates in an electronic medical record exchange program and shares limited information about you with other health care facilities and providers that participate in the program for purposes of the delivery of care and services to you. This exchange includes information such as your name, date of birth, and contact information. If you do not wish to have this limited information shared with other healthcare facilities or providers that participate in the exchange, please notify your nurse or physician.

## Valuables

I understand that Parkland does not assume the responsibility for the safekeeping of any personal property that I choose to keep on my person or in my hospital room during my stay.

I have read and understand the above, they have been explained to me to my satisfaction, I accept and agree to the items contained in this Consent to Medical Treatment.

Signature (Patient, Guardian or Legally Authorized Representative)

Printed Name (Patient, Guardian or Legally Authorized Representative)

Date

Time

a.m.

p.m.

Relationship to Patient (if applicable): ☐ Spouse ☐ Parent/Guardian ☐ Other: (specify)

Parkland Representative Signature

Printed Name

ID #

Date

Time

a.m.

p.m.

Interpreter Signature

Printed Name

ID #

Date

Time

a.m.

p.m.



Dallas, Texas

## PATIENT STATEMENT OF RESPONSIBILITY

MRN: 4569916

Caddell, Bradley

EDMAIN

HAR: 610935700

CSN: 332957737

DOB: [REDACTED]

Adm: 6/30/2012

WH/M



PSR189

## Patient Medication Assistance Programs

PHHS may be able to receive credit from Patient Medication Assistance Programs for some of the medications that I receive, if I meet the qualifications. If PHHS receives this credit, charges associated with these medications will be deducted from my bill. My signature below authorizes PHHS to sign, on my behalf, application forms necessary to obtain available reimbursement from Patient Medication Assistance Programs. I give my consent to release my information to Pharmaceutical Companies for Prescription Bulk Replacement Programs for Auditing Purposes only.

## Financial Obligations/Assignments of Benefits

## I understand:

- Withholding or providing false information could result in criminal or civil penalties under Texas law.
- I am responsible for payment of all charges related to medical services rendered which are not covered by insurance or a third-party program. I further understand that such charges are due upon dismissal.
- PHHS has the right to pursue full collection efforts including credit checks, asset inquiries and litigation.
- I will receive separate bills for services I receive from physicians, and other healthcare providers.
- My signature below authorizes payment directly to PHHS of all benefits otherwise payable to me by any third-party payor.
- I may receive services from a facility-based physician (radiologist, anesthesiologist, pathologist, emergency department physician or neonatologist), who is not a participating provider with the same insurance companies as PHHS. I may receive a bill for medical services from a facility-based physician for the amount unpaid by my insurance company. I may request information from a facility-based physician on whether the physician has a contract with my insurance company and under what circumstances I may be responsible for payment of any amount not paid by my insurance company. I may request a list of names and contact information for facility-based physicians.

PHHS is: ☐ N/A ☒ In-Network ☐ Out-of-Network with my insurance payor.

I have read and understand the above, they have been explained to me to my satisfaction, I accept and agree to the items contained in this Statement of Responsibility.

[Signature]  
Signature (Patient, Guardian or Legally Authorized Representative)

Bradley S Caddell  
Printed Name (Patient, Guardian or Legally Authorized Representative)

6/30/12  
Date

8:50  
Time

a.m.

p.m.

Relationship to Patient (if applicable) ☐ Spouse ☐ Parent/Guardian ☐ Other: (specify) \_\_\_\_\_

[Signature]  
PHHS Representative Signature

Rosellu Dipe  
Printed Name

33418  
ID #

6/30/12  
Date

8:50  
Time

a.m.

p.m.

Interpreter Signature

Printed Name

ID #

Date

Time

a.m.

p.m.

**PARKLAND HEALTH & HOSPITAL SYSTEM ADMISSION/REGISTRATION FACESHEET**

Admit/Appt Department: ED MAIN

Admit Dx/Chief Complaint:

No admission diagnoses for hospital encounter.

Patient Notice:

Advance Directive: No

Admit Date: 6/30/2012

Discharge Date:

MRN #: 4569916

HAR #: 610935700

CSN #: 332957737

Privacy Notice: Acknowledgement

**ISO/INFECTION INFO**

Isolation:

Infection:

Attend:

PCP:

**PATIENT INFORMATION**

CADELL, BRADLEY

1500 E Langdon Rd

Dallas TX 75241

DOB: [REDACTED] (51 yrs)

Marital Status: Married

Sex: Male

Race: White

County: BRAZORIA

Home Phone: 972-225-1304 (Temp)

No relevant phone numbers on file.

Alias:

**EMERGENCY NOTIFICATION**

Extended Emergency Contact Information

Emergency Contact #1

Name: Caddell, Caral

Home Phone Number: 832-880-0807

Relation: Spouse

**GUARANTOR INFORMATION**

CADELL, BRADLEY

1302 East Roadway

Pearland, TX 77581

Work Phone:

Financial Class: Medicaid

Relationship: Self

Sex: Male

**PRIMARY INSURANCE**

UTMB INMATES

301 UNIVERSITY BLVD.

Galveston, TX 77555-1008

Phone: 000-000-0000

Subscriber: CADELL, BRADLEY

Relationship: Self

Cvg Group #:

Subscriber #: 804638

**SECONDARY INSURANCE**

Subscriber:

Relationship:

Cvg Group #:

Subscriber #:

Phone:

**EMPLOYER INFORMATION**

Employer:

No address on file.

PRINT DATE: 6/30/2012

A20



**From:** Terry May/Institutional/TDCJ  
**To:** Jeff Pringle/Institutional/TDCJ@TDCJ, Balden Polk/Institutional/TDCJ@TDCJ  
**Date:** Sunday, July 01, 2012 11:41AM  
**Subject:** offender Caddell 1697940

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Warden,

I interviewed offender Caddell 1697940, his housing assignment is A 4-19 the offender states that he did have a fan on him but sometime through out the night another offender repositioned the fan, when he woke up he was sweating so he took a shower, but was still feeling bad. So after count cleared he went to the boiler room where he called G control, and told them he needed to go to medical. At this time he had not worked in the boiler room, he stated that his shift was from two till ten, the offender states that it was not the boiler room that was hot, and that he had gotten hot on the dorms because ~~some one moved the fan.~~

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Offender Caddell arrived at Hutchins 04-6-2011 and was assigned as a dorm janitor, his restrictions at that time were no lifting over 25 lbs, limited sitting, no food service, and do not assign to medical and no temperature extremes. This offender was a dorm janitor up till September 12, 2011, where he was then made a boiler room operator. He was then seen on committee February 16 2012 and promoted to a G1. Offender Caddell was then unassigned medical on 6-11-2012 and as the document shows he is still unassigned medical.

The offender said he never received a lay in stating that he was unassigned medical but has been turning out for work.

During the conversation he stated that he had been interviewed by Sgt. Warfield for an investigation on an assaulted offender on A4 dorm, and has been having a little problem with the other offenders thinking he was the one that told.

At this time I have had the offender moved to another bunk number 35 a heat restriction bunk where there is air blowing on it. The offender is alert and able to make conversation and is coherent, if I find out any more information I will forward it to you.

7-1-2012

Im in Dorm A4-19 - Went to sleep Friday night with Fan in the Direction of Heat Restrictions Burks when I woke up the fans were moved.

And I woke up sweating, Got up took a shower feeling Bad, When finish laid back down and tried to sleep but the longer I laid there the Hoter I got, So I tried to set in front of the new fan they put under the T.V. Started getting cold chills and sweating and Had a hard time seeing, So I got dressed and waited for 1:30 count to clear.

When cleared I went to Boiler Room called G Building talk to Ms Whitehead and asked her to call my Relief in, That I need to go to Medical, 15 min later, My Relief showed up A3-55 and I went to G-Building and Ms Whitehead wrote me a pass for Medical

On 6-30 I did not work in the Boiler Room all day

Brad Caldwell

7-1-12

TAC # 1697940

HOUSE/JOB CHANGE

NAME: CADDELL, BRADLEY J

NO: 01697940

DATE: 06/11/2012 15:35:04

RACE: W

THE ABOVE NAMED AND NUMBERED INMATE IS TO  
BE ASSIGNED AS FOLLOWS:

OLD HOUSE: A1-013B

NEW HOUSE: A1-016T

OLD JOB:

NEW JOB:

COMPLETED BY:



APPROVED BY:



NIT: HUTCHINS

T.D.C.J. - INSTITUTIONAL DIVISION

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UNIT ACTIVITY FOR 06/11/2012

06/11/2012

22:02:41

TIME	TDC#	NAME	R	HOUSE	JOB DESCRIPTION
5:26:40	01776881	BROWN, KEITHAN JAY	W	FR: E2-051B TO: D1-022T	JANITOR E BLDG DORM 1ST TRANSIENT OTHER
5:32:25	01787155	BULLARD, CHRISTOPHER ALLEN	W	FR: TO: C5-010T	TRANSIENT PEND DIAG PROCESSING
5:52:17	01762490	BUTLER, JASON PAUL	W	FR: B7-018T TO: D3-035B	
5:53:41	01762490	BUTLER, JASON PAUL	W	FR: TO:	DRUG/ALCOHOL-TURNING POINT JANITOR D BLDG DORM 1ST
5:49:47	01781353	CABALLERO, RENE JR	H	FR: TO: A1-010T	JANITOR A1 BLDG DORM 2ND
5:03:22	01697940	CADDELL, BRADLEY J	W	FR: TO:	BOILER OPR 2ND UNASGN MEDICAL
5:35:04	01697940	CADDELL, BRADLEY J	W	FR: A1-013B TO: A1-016T	
5:37:21	01785489	CANTU, ANGEL ANTHONY	H	FR: D7-056T TO: D1-014T	TRANSIENT PEND DIAG PROCESSING UNASGN PENDING ASSIGNMENT
5:43:22	01767440	CHAMPION, JACOB	W	FR: A3-014T TO: A3-022T	
1:56:38	01767440	CHAMPION, JACOB	W	FR: A3-022T TO: A3-014T	
1:59:48	01767440	CHAMPION, JACOB	W	FR: A3-014T TO: A3-022T	
1:37:38	01785474	CHAVIRA, JAVIER JUAN	H	FR: C5-024T TO: D2-032T	TRANSIENT PEND DIAG PROCESSING JC UTILITY SQUAD 04
5:47:08	01772923	CLARK, NATHANIEL	B	FR: A4-041B TO: A3-049B	
5:41:04	01687013	CLARK, TONY RAYLYNN	B	FR: A2-032T TO: A2-044T	
1:38:23	01785023	CLEVELAND, PATRICK BERNARD	B	FR: C6-038T TO: D4-032T	TRANSIENT PEND DIAG PROCESSING UTILITY SQUAD 05
1:38:04	01785490	COKER, JEREMY LEE	W	FR: C6-002T	TRANSIENT PEND DIAG PROCESSING
		CADDELL, BRADLEY J	W	FR: A1-016T	UTILITY SQUAD 05

\*\*\*\*\*  
 \*\* REQUESTOR: CCO4161 - COZART, CAROL HUTCHINS JAIL FACILITY \*\*\*  
 \*\*\*\*\*  
 \*\* S Y S M I N B A S K E T P R I N T \*\*\*

MESSAGE ID: 833276 DATE: 07/03/12 TIME: 03:38am PRIORITY: 000

TO: CCO4161 - COZART, CAROL  
 ADMINISTRATIVE ASSISTANT II  
 HUTCHINS JAIL FACILITY  
 1500 E. LANGDON RD.  
 DALLAS, TEXAS 75241

FROM: KBRO818 - BROWN, KEVIN  
 LIEUTENANT  
 HUTCHINS JAIL FACILITY  
 1500 E. LANGDON RD.  
 DALLAS, TEXAS 75241

SUBJECT: I-09196-07-12

IT WAS REPORTED THAT DUTY WARDEN MAJOR TERRY MAY WAS NOTIFIED ON  
 6/1/2012 WHEN IN FACT HE WAS NOTIFIED ON 6/30/2012 AT APPROXIMATELY  
 1900 HOURS.

LIEUTENANT K BROWN  
 HUTCHINS STATE JAIL.

Sent to:	HJEAC	<list>	(to)
	HJADMIN	<list>	(to)
	HJLTS	<list>	(to)

\*\*\*\*\*  
 \*\* REQUESTOR: CCO4161 - COZART, CAROL HUTCHINS JAIL FACILITY \*\*\*  
 \*\*\*\*\*  
 \*\* S Y S M I N B A S K E T P R I N T \*\*\*

ESSAGE ID: 833164 DATE: 07/03/12 TIME: 01:36am PRIORITY: 000

O: CCO4161 - COZART, CAROL  
 ADMINISTRATIVE ASSISTANT II  
 HUTCHINS JAIL FACILITY  
 1500 E. LANGDON RD.  
 DALLAS, TEXAS 75241

FROM: KBRO818 - BROWN, KEVIN  
 LIEUTENANT  
 HUTCHINS JAIL FACILITY  
 1500 E. LANGDON RD.  
 DALLAS, TEXAS 75241

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UBJECT: I-09196-07-12

HE SPECIFIC LOCATION STATED ON THE EAC TELEX WAS BOILER ROOM. OFFENDER  
 ADDELL WAS IN HIS HOUSING LOCATION OF A-4 DORM WHEN HE BEGAN TO FEEL  
 LL. THE OFFENDER WENT TO HIS WORK LOCATION (BOILER ROOM) AND NOTIFIED  
 TAFF FROM THERE.

LIEUTENANT K BROWN  
 HUTCHINS STATE JAIL

ent to:	HJEAC	<list>	(to)
	HJLTS	<list>	(to)
	HJADMIN	<list>	(to)



# TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## Temperature Log

Unit: Hutchins

6-30-12

Date:	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
6:30 a.m.	75.8	62%	76	Burrell, La.
7:30 a.m.	78.5	60%	76	Burrell, La.
8:30 a.m.	80.1	58%	81	Burrell, La.
9:30 a.m.	87.5	57%	88	Burrell, La.
10:30 a.m.	89.3	56%	88	Burrell, La.
11:30 a.m.	95.2	54%	101	Burrell, La.
12:30 p.m.	98.8	50%	101	Burrell, La.
1:30 a.m.	97.4	50%	101	Burrell, La.
2:30 p.m.	99.7	50%	107	WHITEHEAD, S.
3:30 p.m.	103.5	47%	110	WHITEHEAD, S.
4:30 p.m.	100.6	47%	110	WHITEHEAD, S.
5:30 p.m.	98.8	43%	101	WHITEHEAD, S.
6:30 p.m.	102.8	42%	110	WHITEHEAD, S.